PART B - FEE(S) TRANSMITTAL

Complete and this form,	together with applicab	le fee(s), to: Ma	Commissioner for P.O. Box 1450	or Patents		
MAR 0 3 2005	•	. • • or <u>F</u> a	Alexandria, Virg ax (703) 746-4000	inia 22313-1450		
Or Fax (703) 746-4000 INSTRUCTIONS: First form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance are notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmitted. This certificate cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts in the contract cannot be used for any other accounts.						
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Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, NY 11530 03/04/2005 DEMMANU2 00000107 191013 10047136			Ce I hereby certify that the States Postal Service vaddressed to the Mai	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fi I Stop ISSUE FEE address	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.	
)3/04/2005 DEMMAŇÚ2 00000107 1910		Leopold Presser (Depositor's name)				
)1 FC:1504)2 FC:8001	300.00 OP 9.00 OP			Text A HANT	(Signature)	
03 FC:2501 24.00 DA	676.00 OP		March 1/12	095	(Date)	
APPLICATION NO. FILIN	NG DATE	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/047,136 01/15/2002 Kwang Koo Jee 15220 4241						
TITLE OF INVENTION: JOINING ME	ETHOD FOR FRAME OF SPE	CTACLES				
		JE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	6685	\$300	\$985	03/02/2005	
EXAMINER WYSZOMIERSKI, GEORG		T UNIT 1742	CLASS-SUBCLASS 148-563000		-	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Scully, Scott, Murphy & Presser			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Korea Institute Of Science and Technology Seoul, KOREA						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies3						
5. Change in Entity Status (from status	indicated above)	Deposit Accou	nt Number 19-1013/S	enclose an extra	copy of this form).	
XX a. Applicant claims SMALL ENT			t is no longer claiming SMA		,	
The Director of the USPTO is requested NOTE: The Issue Fee and Publication Finterest as shown by the records of the U	to apply the Issue Fee and Put ee (if required) will not be acco inited States Patent and Traden	lication Fee (if any) pted from anyone on park Office.	or to re-apply any previousl ther than the applicant; a reg	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature	July tu	1	Date	March 1, 2005		
Typed of printed name	opold Presser		_	No. 19,82		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						